

Name in Full

Certificate of Death

John Thomas Babylon  
 Town County  
 Died at Near Lancytown Carroll MARYLAND

Date 1903 April 21 Y. M. D. Native of Male Occupation Farmer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 4

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name 121 Mother's Name

Cause of Death { Primary Pyelo-Nephritis.  
 Immediate  
 How long sick 4 months.  
 Accident, Suicide, Homicide

Reported by C. W. Meador M.D.  
 Address Lancytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85888



Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primery

Old age

How long sick

Death

Immediate

Senile debility

Accident, Suicide, Homicide

Reported by

L.B. Wier

Hale

Address

Toneytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John B. Baker

Town

County

Died near Long Carroll

MARYLAND

Date 1903 + 22 Y. M. D. Native of Md. Occupation Farming  
 Male White Married ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of John Baker

Father's Name Jacob Baker

Mother's Name Susana Baker

Cause of Primary Nephritis

How long sick 29w.

Death Immediate Uremia 170

Accident, Suicide, Homicide

Reported by E. D. Cronk M.D.

Address Winfield, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79705



Name  
in  
Full

345

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1903		April	6	Age 1	6	24	
Sex	Male		Color or Race	White		Birth-place	Maryland
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Thomas Blizzard				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Velila Taylor				do			
Name of person giving information				How related to deceased			
Thomas Blizzard				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis acute	How long	10 days
Immediate	Convulsions	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm D. Wells
61		Address	Westminster Md
Accident or Suicide?			

Bethel - Church  
Conwellton Shannon



Name  
in  
Full

Abraham H Boninsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Westminister <sup>County</sup> Carroll MARYLAND

Date of death 190 <sup>Month</sup> 3 <sup>Day</sup> April <sup>Years</sup> 22 Age <sup>Months</sup> 11 <sup>Days</sup> 6

Sex Male Color or Race White Birth-place Maryland

Married, Single or Widowed Married Occupation Farmer

Name of Wife or Husband Susan J. Miller

Father's Name Samuel Boninsey Father's Birthplace Maryland

Mother's Maiden Name Mary Westron Mother's Birthplace Md

Name of person giving information E. H. Boninsey 79 How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Heart-failure + Nephritis How long 6 months

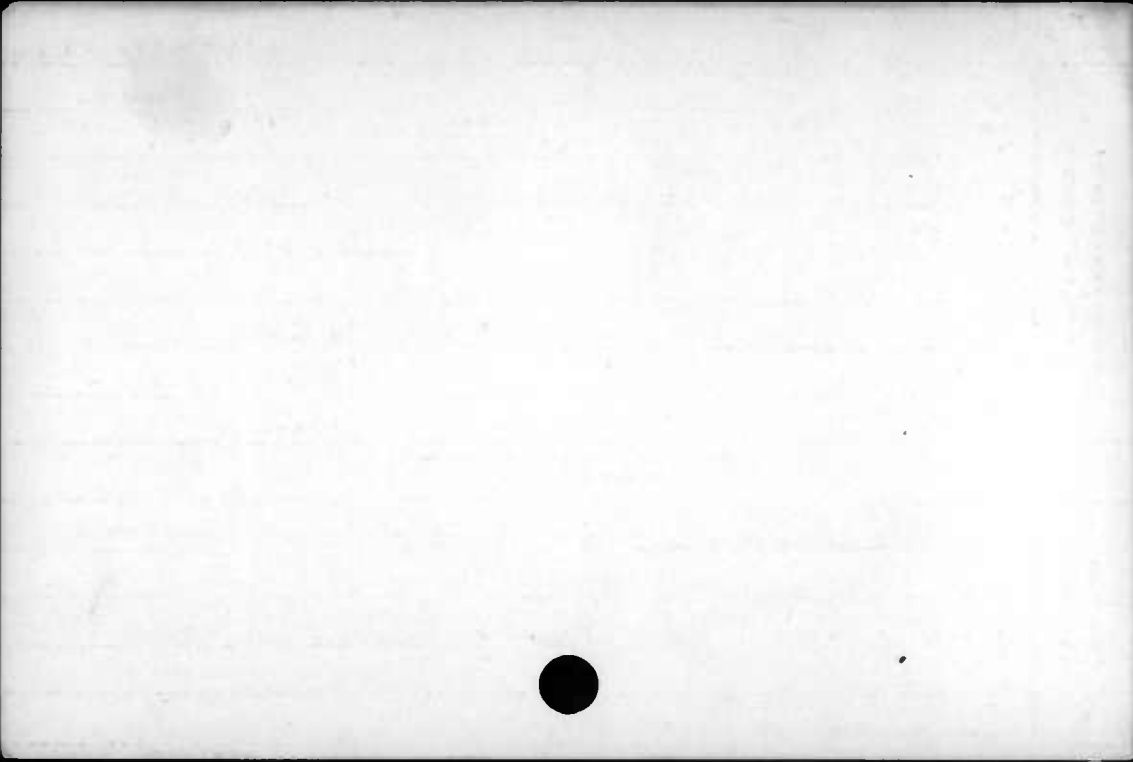
Immediate Dropsy + Exhaustion How long 6 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr. J. W. Wells M.D.

Address Westminister Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

349

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rachel. Sellen</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>April</i>		Day <i>16</i>		Years <i>63</i>	
Date of death 190		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Homemaker</i>					
Name of <del>Wife or</del> Husband <i>Madison Sellen</i>		Father's Name <i>Leont Know</i>		Father's Birthplace			
Mother's Maiden Name <i>Leont Know</i>		Mother's Birthplace					
Name of person giving information <i>Clara Hodson</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>about 1 week</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas R. Fouch MD</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>—</i>	

1503

1840

Name  
in  
Full

Annie E Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Westminster <sup>County</sup> Carroll MARYLAND

Date of death 1903 <sup>Month</sup> April <sup>Day</sup> 8 Age <sup>Years</sup> 91 <sup>Months</sup> 1 <sup>Days</sup> 28

Sex Female Color or Race White Birth-place Maryland

Married, Single or Widowed Widowed Occupation

Name of ~~Wife or~~ Husband David Miller

Father's Name Jacob Matthias Father's Birthplace Maryland

Mother's Maiden Name Mary Short Mother's Birthplace La.

Name of person giving information Mary Lynch How related to deceased daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Old Age How long ~~30~~

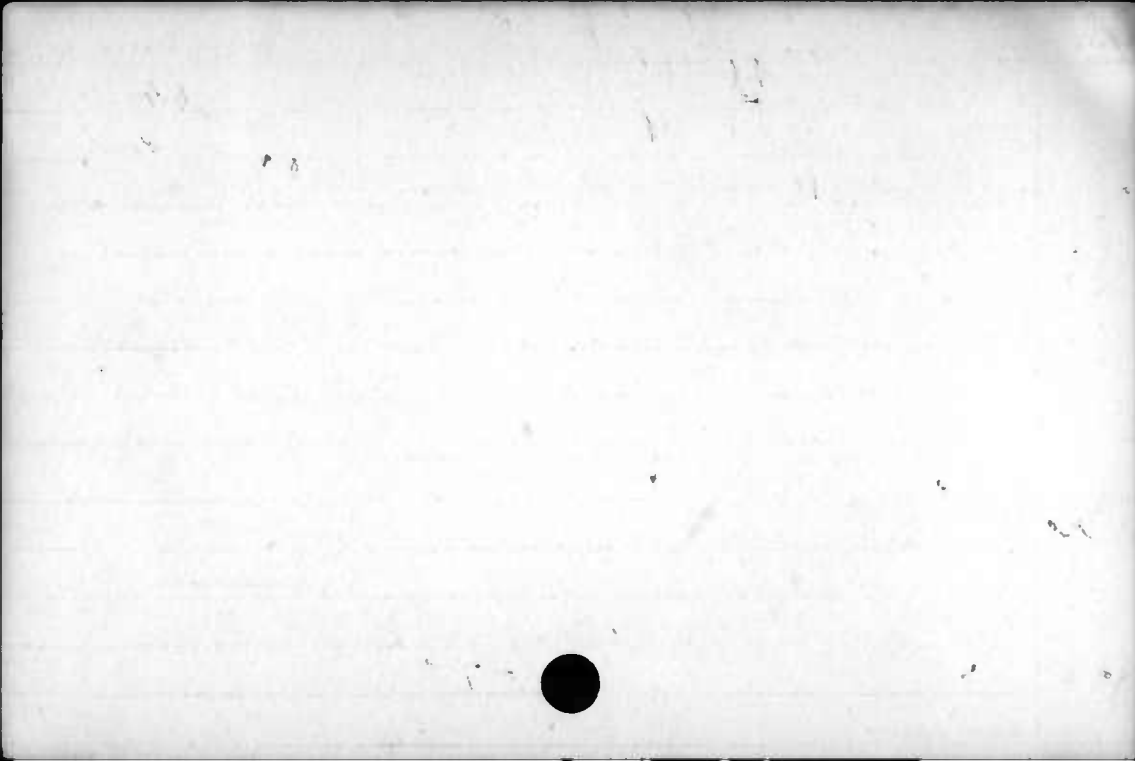
Immediate Injury to Hip 154 How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Thos. J. Coonell

Address West

Accident or Suicide?



Benjamin H. Dorsey Jr.

Died at Eldersburg <sup>Town</sup> Carroll <sup>County</sup> MARYLAND

Date 1903 April 7  
 Male White Married Widowed  
 Female Colored Single Widower  
 Age - - 8 Native of Md. Occupation -  
 Number of children living -

Husband of

Wife

Father's Name

Beng. Dorsey

Mother's Name

Daisy Henry

Cause of

Primary

Infantile Convulsions

How long sick

16 hrs

Death

Immediate

Hemorrhage from Stomach

~~Accident, Suicide, Homicide~~

Reported by

MD Morris. MD.

Address

Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Ursula Ann Fleagle

Died at <sup>Town</sup> Taneytown <sup>County</sup> Carroll MARYLAND

Date 1903 <sup>Month</sup> 4 <sup>Day</sup> 6 Age <sup>Y.</sup> 42 <sup>M.</sup> 4 <sup>D.</sup> 26 <sup>Native of</sup> Md. <sup>Occupation</sup> Housewife

~~Male~~ <sup>White</sup> ~~Colored~~ <sup>Married</sup> ~~Single~~ <sup>Widow</sup> ~~Divorced~~ <sup>Widower</sup> ~~None~~ <sup>Number of children living</sup> none

~~Husband~~ of Charles A Fleagle

Wife

Father's Name <sup>Mother's</sup> <sup>Maiden Name</sup> Saml. Chigan

Cause of Death { Primary Immediate } Apoplexy.

How long sick One year

Accident, Suicide, Homicide

Reported by G. H. Davis <sup>M.D.</sup>

Address Taneytown. <sup>Md.</sup>

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78895



Name  
in  
Full

Hanson, D. Frisby

## CERTIFICATE OF DEATH

Town

County

Died at

Westminster

County

Barnell

MARYLAND

Date

of death 190

3

Month

April

Day

29

Years

Age

68

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Sykesville

Married, Single  
or Widowed

Married

Occupation

Laborer

Name of Wife or  
Husband

Eliza Barnhart

Father's  
Name

Pompey Frisby

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Eliza Wilcox

Mother's  
Birthplace

Virginia

Name of person giving  
information

Eliza Barnhart

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Consumption

How long

Immediate

How long

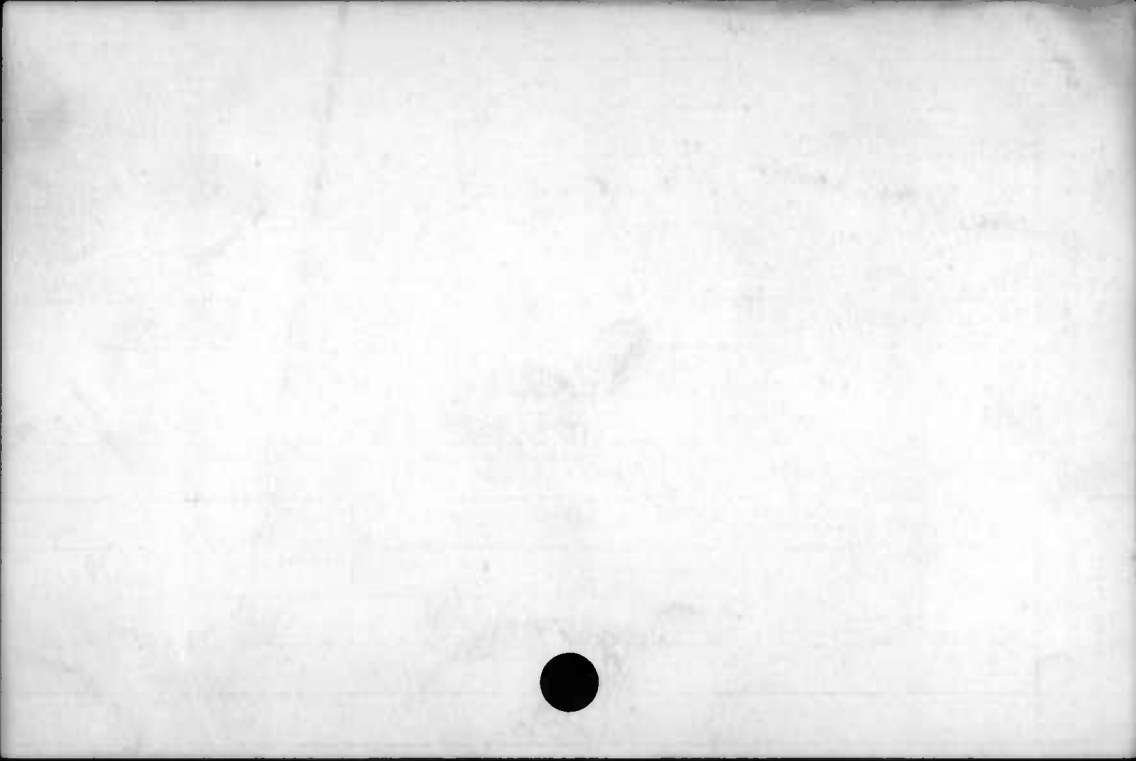
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. H. DeLoach M.D.  
Westminster Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Margaret E. Goodwin.

CERTIFICATE OF DEATH

348

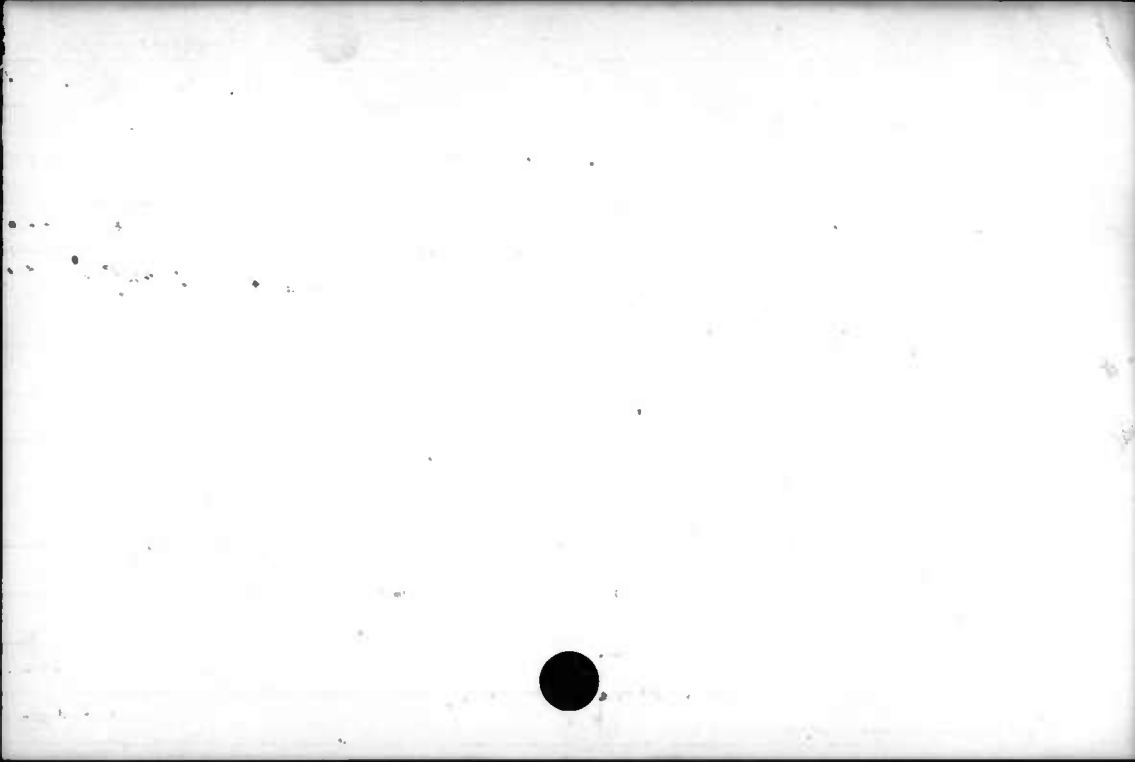
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredericksburg</i>		County <i>Leonard</i>		MARYLAND	
Date of death 1903.	Month <i>April</i>	Day <i>13<sup>th</sup></i>	Age <i>71</i>	Months <i>8</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed			Occupation <i>None</i>		
Name of <del>Wife or</del> Husband <i>Daniel P. Goodwin</i>					
Father's Name <i>Joseph Fouty</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Margaret Root</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Mary E. Goodwin.</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>About one week.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. White, M.D.</i>
	Address <i>Glyndon, Md.</i>
Accident or Suicide? <i>_____</i>	



Name in Full

Certificate of Death

Russel Edmund Grof

Died at <sup>Town</sup> Miller

County Corral

MARYLAND

Date 1903 <sup>Month</sup> April <sup>Day</sup> 17 Age <sup>Y.</sup> 2 <sup>M.</sup> 3 <sup>D.</sup> 4 <sup>Native of</sup> Memphis <sup>Occupation</sup> —

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒  
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living ☒

Husband of

John L Grof

Mother's

Mary Grof

Maiden Name

Hunt

Cause of ☒ Primary Membranous Croup 5 days

Death ☒ Immediate suffocation

How long sick 5 days

Accident, Suicide, Homicide

Reported by J. P. ...

Address ...

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

CERTIFICATE OF DEATH

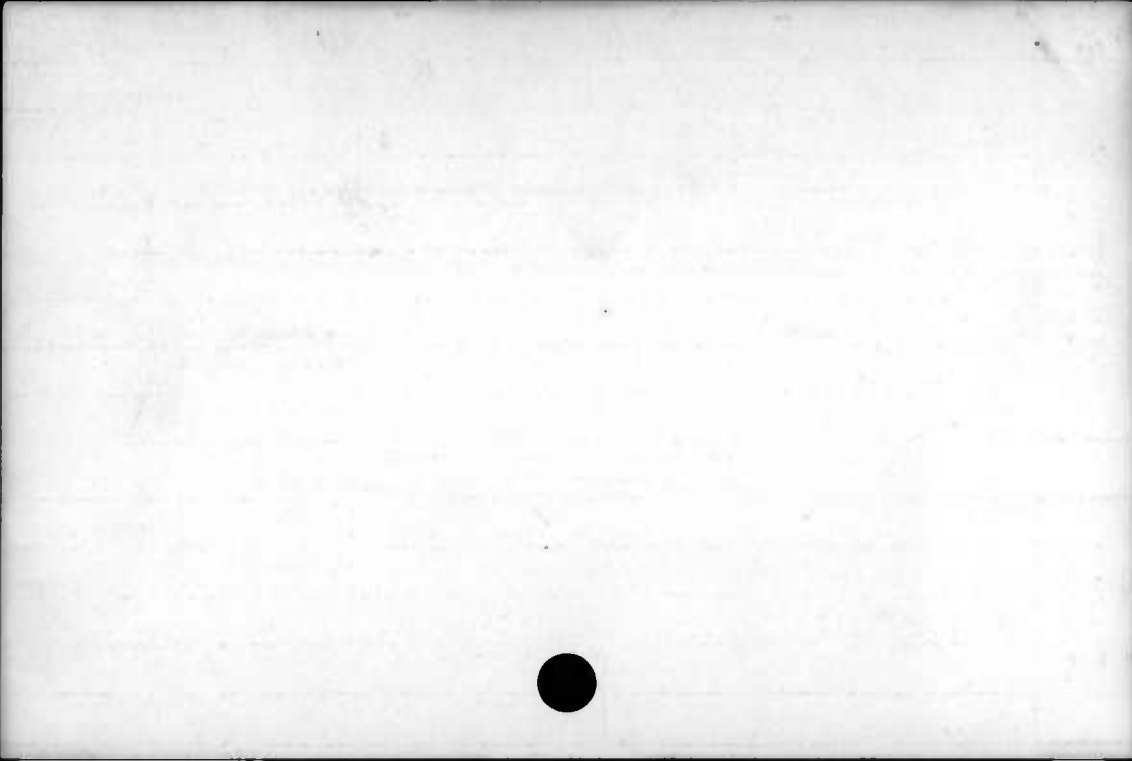
TO BE ANSWERED BY NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 1903	<i>April</i> Month	<i>4</i> Day	Age <i>43</i> Years	<i>4</i> Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Henry Hann</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary A. Rider</i>			Mother's Birthplace		
Name of person giving information <i>Michael Hann</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <i>Elephantiasis</i>	How long <i>10 years</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Cooney</i>
	Address <i>Westminster</i>
Accident or Suicide?	



Name in Full

Certificate of Death

George W. Lamotte  
 Town County

Died at Hampstead Camden MARYLAND

Date 19 63 14 5 Age 56 10 Native of Ind Occupation Constable  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 3

Husband of Sarah M. B. Hall

Father's Name Mother's Name  
 Maiden Name

Cause of Death { Primary 85 How long sick 11 days  
 Immediate Internal Hemorrhage Accident, Suicide, Homicide

Reported by A. B. (A. B. B. B. B.)

Address Hampstead Camden

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary L. Quakler ✓

Town

County

MARYLAND

Died at New Windsor Carroll Co.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

April 11

Age

68 yrs

Maryland

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 5

~~Husband~~

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cerebral Lacune

45

How long sick

1 year

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

G. L. Henderson M.D.

Address

New Windsor



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

344 Samuel McKray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Westminster		County Barroll -		MARYLAND	
Date of death 190	3	Month April	8	Day	Age	Years 43.	Months 2
Sex	Male		Color or Race	White		Birth- place	New Jersey
Married, Single or Widowed	Married		Occupation	Foreman in hat factory.			
Name of Wife or Husband	Lizzie McKray						
Father's Name	—					Father's Birthplace	—
Mother's Maiden Name	—					Mother's Birthplace	—
Name of person giving In formation	Lizzie McKray					How related to deceased	Wife

## CAUSES OF DEATH

Primary	Tuberculosis		How long	6 months
Immediate	Heart failure		How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	B. G. Franklin M.D.
			Address	Westminster Md.
Accident or Suicide?				

PHYSICIAN  
OR CORONER

Stoner



Name  
in  
Full

353

TO BE ANSWERED BY  
NEAREST FRIEND

Jessie Witter

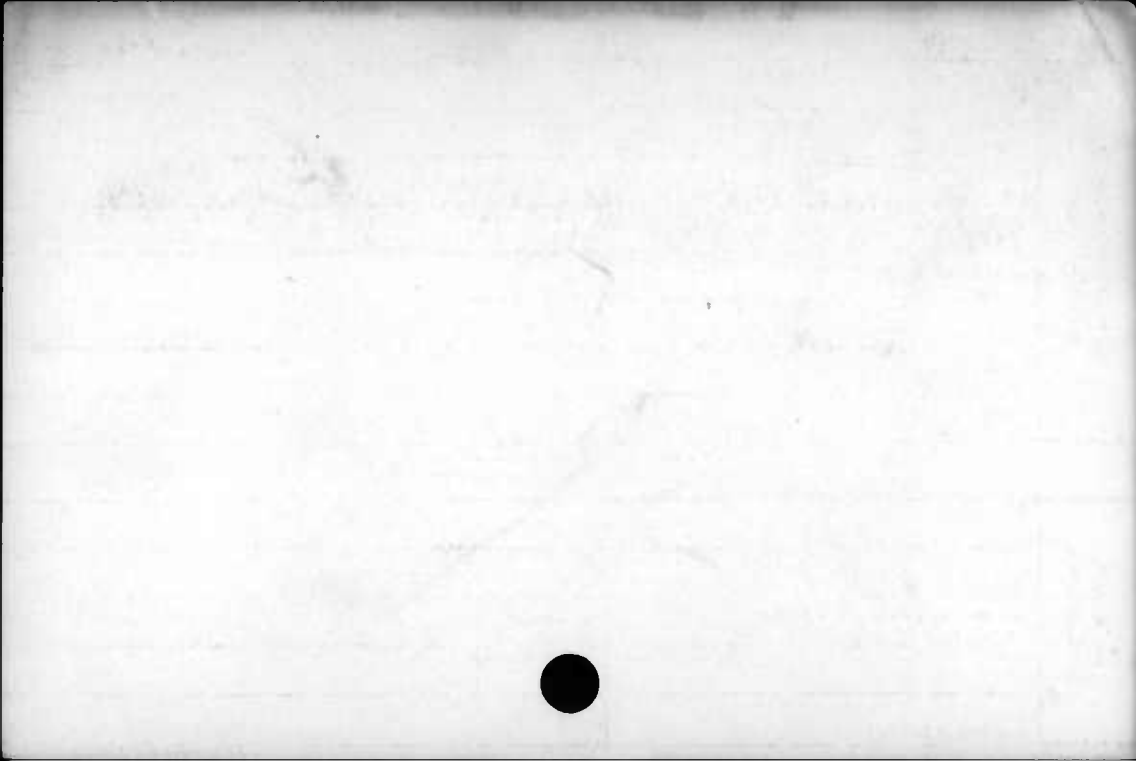
CERTIFICATE OF DEATH

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>29</i>	Age <i>72</i> Years	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>		Occupation			
Name of Wife or Husband <i>William J. Witter</i>					
Father's Name <i>Jacob Wilt</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Elizabeth Franklin</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Jessie Witter</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	<i>6 wks</i>
Immediate	<i>Apoplexy</i>	How long	<i>4</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jas. H. Billingsley M.D.</i>	
<i>Yes</i>		Address <i>Westminster, Md.</i>	
Accident or Suicide? <i>No</i>			



Name in Full		No 11. Still Born				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Linwood</u> Town		<u>Carroll</u> County		MARYLAND		
	Date of death 190 <u>3</u>	Month <u>4</u>	Day <u>7</u>	Age <u>      </u> Years	Months <u>      </u>	Days <u>      </u>	
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Linwood, Md.</u>		
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name <u>R E Lee Myers</u>				Father's Birthplace <u>Md</u>		
	Mother's Maiden Name <u>Jennie Myers Englar</u>				Mother's Birthplace <u>Md</u>		
Name of person giving information <u>R E Lee Myers</u>				How related to deceased <u>Parent</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			How long			
	Immediate <u>Premature Birth</u>			How long			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>Dr. Geo. Brown</u>			
				Address <u>New Windsor</u>			
	Accident or Suicide?						

Dr Geo. Brown  
was the attending Physician

Name in Full

Certificate of Death

Town *Turnman* County *Myers*  
 Died at *Plumtreeville* *Carroll County* MARYLAND  
 Date 19*03* Month *April* Day *12* Y. *1* M. *0* D. *13* Native of *Carroll County* Occupation  
 Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband  
of  
Wife

Father's Name *Herbert Myer* Mother's Maiden Name *Carie Petrey*

Cause of Death { Primary *measles* How long sick  
 Immediate *6* Accident, Suicide, Homicide

Reported by *Edward G. G. undertaker*

Address *Union Mills Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Ellen Hewcomer

Town

County

Died at

Tanytown

Carroll

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Apr. 8

Age

27

Md

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Maiden Name

John Hewcomer

Sophie Anthrune

Cause of

Primary

premature birth

How long sick

2 days

Death

Immediate

Enterocolitis

105

~~Accident, Suicide, Homicide~~

Reported by

L. Birnie mte

Address

Tanytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

James Nickum  
 Town Toney Town County Carroll MARYLAND  
 Died at  
 Date 1903 Month Apr Day 22 Age 90 Y. 3 M. 3 D. 3 Native of Md Occupation Cattle dealer  
 Male White Married ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living 3

Husband of Elizabeth - Nickum  
 Father's Name Mother's Name  
 Maiden Name

Cause of Death { Primary old age Immediate Bronchitis  
 How long sick 154  
 Accident, Suicide, Homicide

Reported by L. B. Smith Mrs  
 Address Toney Town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Lucretia May Null

## CERTIFICATE OF DEATH

Died at <i>Westminster</i> <sup>Town</sup>			<i>Carroll</i> <sup>County</sup>			MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>24</i>	Age <i>21</i>	Years	Months <i>7</i>	Days <i>28</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Westminster</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Milliner</i>				
Name of Wife or Husband							
Father's Name <i>Samuel F. Null</i>				Father's Birthplace <i>Sulzer Run</i>			
Mother's Maiden Name <i>Hettie Lippy</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Samuel Null</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

Primary <i>Chronic Asthma</i>	How long <i>15 years</i>
Immediate <i>Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Mathias</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

John. Edgar. Otto

Date of Death

1903

Town

County

Died at

MARYLAND

Date 1903

Middleburg  
Month Day  
Apr. 26

Age

Y. M. D.

9. 1

Native of

Carroll Co.

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

or

Wife

Father's

Name

John. J. Otto

Mother's

Maiden Name

Ida. A. Whitmore

Cause of

Primary

Measles - Complicated

How long sick

3 weeks

Death

Immediate

Hepatic &amp; Intestinal trouble

Accident, Suicide, Homicide

Reported by

Walt &amp; Grossnickle

Address

Johnsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Margaret A. Rinehart-✓

## CERTIFICATE OF DEATH

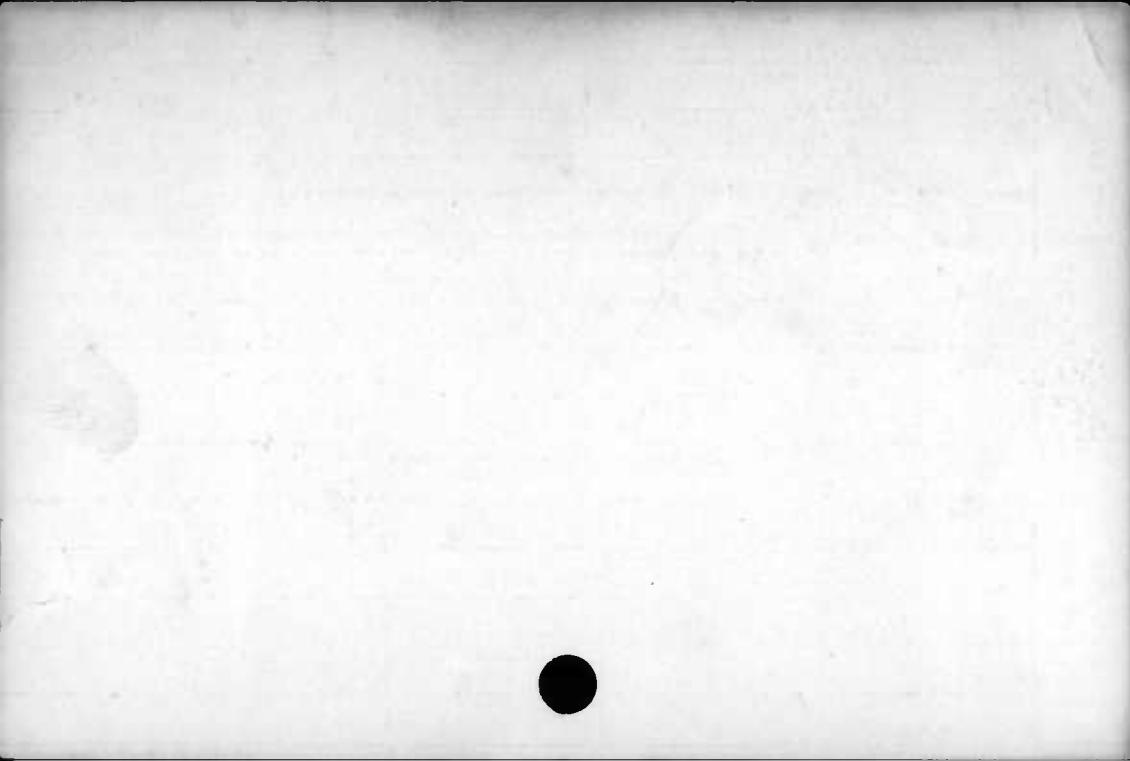
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Fryzellburg		County Carroll		MARYLAND	
Date of death 1903		Month April	Day 10	Age 60		Years 4	Months 21
Sex Female	Color or Race White		Birth- place Emuldborough				
Married, Single or Widowed Married		Occupation House wife					
Name of wife or Husband <del>Margaret A. Rinehart</del>				Jacob Rinehart			
Father's Name Peter Grobelle				Father's Birthplace Ind			
Mother's Maiden Name Sallie Grobelle				Mother's Birthplace Ind			
Name of person giving In formation Jacob Rinehart				How related to deceased Husband			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Abdominal Cancer	How long	1 1/2 years
Immediate	Emaciation from Cancer	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jacob Rinehart	
Address		Fryzellburg Ind	
Accident or Suicide?			





Name In Full

342 Joseph. Earl. Stausbury

Town Westminister County Carroll

MARYLAND

Died at Date 1909 April 23 Y. M. D. Native of Md Occupation

Male White Married Widow Divorced  
Female Colored Single Widower Number of children livingHusband of  
WifeFather's Name George Stausbury Mother's Name Maggie Hauley  
Maiden Name

Cause of Primary Vertigo sick &amp; How long sick

Daath Immediate Cerebral Hemorrhage Accident, Suicide, Homicide

Reported by John S. Mathias

Address Westminster Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Ella Ruth Stone

## CERTIFICATE OF DEATH

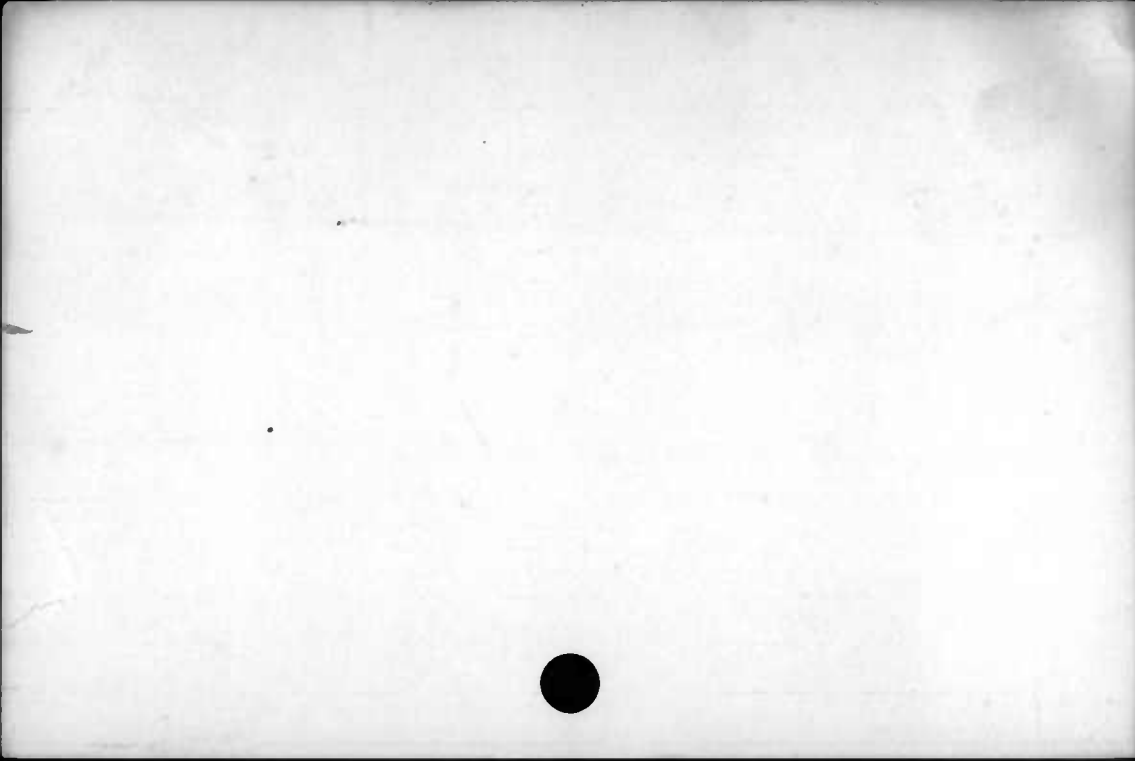
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Uniontown</i>		Town <i>Uniontown</i>		County <i>Barren</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>8</i>	Age <i>5</i>	Years	Months <i>1</i>	Days <i>26</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>					
Name of Wife or Husband							
Father's Name <i>Emery E. Stone</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Ada T. Wentz</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mollie Stone</i>				How related to deceased <i>Grandmother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>2 days</i>
Immediate <i>6</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Luther Kemp</i>
	Address <i>Uniontown Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

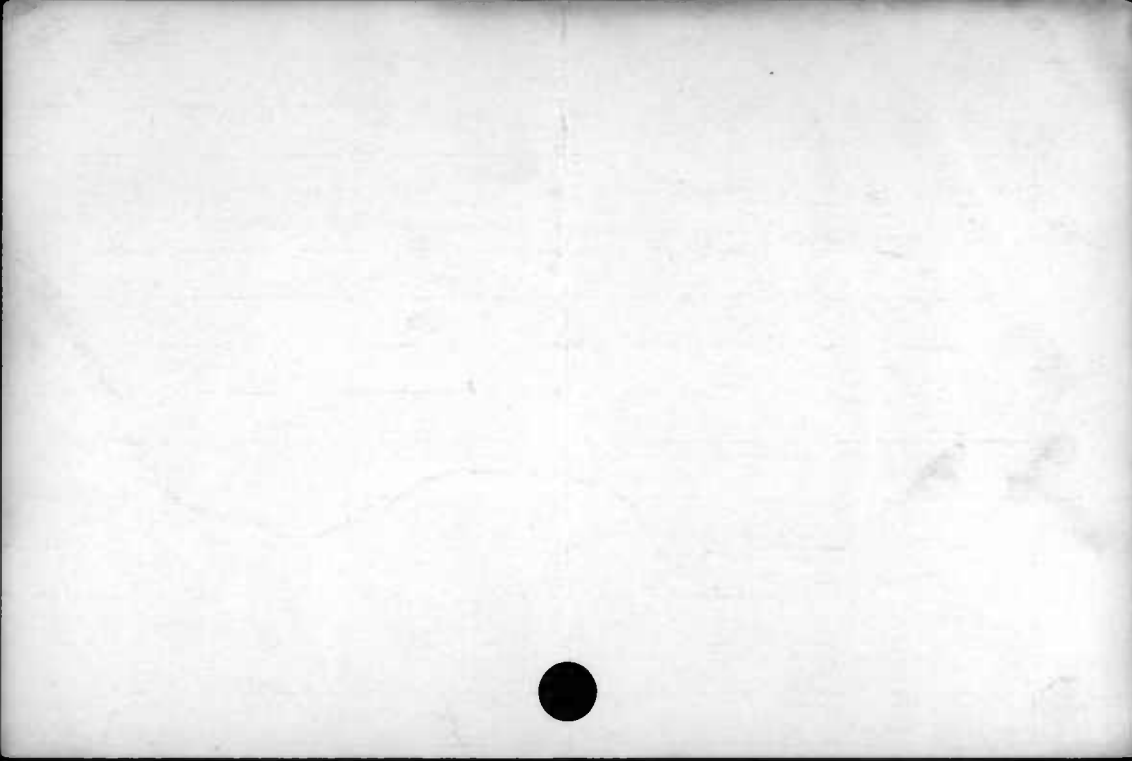
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hamstead</i> <sup>Town</sup> <i>Canal</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>22</i>	Age <i>74</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>—</i>
Married, Single or Widowed <i>Widower</i>		Occupation <i>Notary Public</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>Joshua Tipton</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>79</i>		How related to deceased <i>—</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Heart disease</i>	How long <i>5 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. B. Willis, M.D.</i>
	Address <i>Hamstead Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Clayton Walby  
 Died at <sup>Town</sup> Gaithersburg <sup>County</sup> Carroll MARYLAND  
 Date 1903 <sup>Month</sup> Apr <sup>Day</sup> 11 Age <sup>Y.</sup> 23 <sup>M.</sup> — <sup>D.</sup> — Native of Md Occupation BTURR Laborer  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ Single Widower Number of children living —

Husband  
of

Wife  
Father's  
Name

Mother's  
Maiden Name

Cause of

Primary

Enucleation of Brain by being

How long sick —

Death

Immediate

run over by cars —

Accident, Suicide, Homicide

Reported by

Daniel B. Speecher MD

Address

Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Miss Fannie Weaver

Town

County

Died at

Union Mills

Lancaster

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

April 12<sup>th</sup>

Age

94 1 10

Baranov

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

John Weaver

Mother's

Maiden Name

not known

Cause of

Primary

Age Old

How long sick

Two weeks

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

J. J. Stewart

Address

2154  
Union Mills

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



### Certificate of Death

Harry E. Wenz

MARYLAND

Died at Schenebrot Carroll

Month		Day	Y.	M.	D.	Native of	Occupation
Date 1903	April	12	Age	15	2	Maryland	None
Male	White	Married			Widow	Divorced	
<del>Female</del>	<del>Colored</del>	<del>Single</del>			<del>Widower</del>	Number of children living	

Husband of \_\_\_\_\_  
Wife \_\_\_\_\_

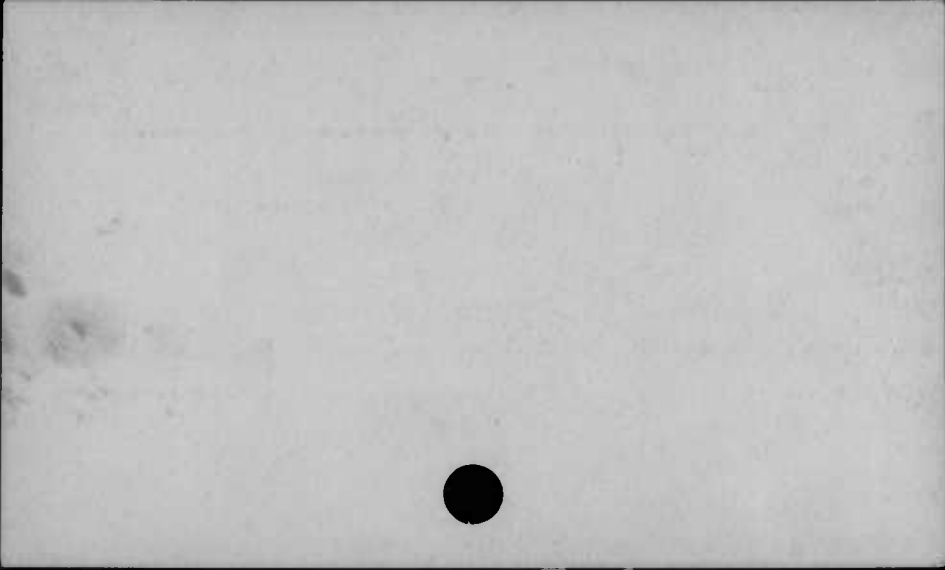
Father's Name *Edwin Henry* Mother's Maiden Name *Maudie Deane*

Cause of	Primary tuberculosis	How long sick	3 months
Death	Immediate	Accident, Suicide, Homicide	

Reported by A. F. B. Moore, Jr.

Address *Winchester Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

342 Jesse N. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u>		County <u>Carroll</u>		MARYLAND	
Date of death 1903	Month <u>April</u>	Day <u>9<sup>th</sup></u>	Age <u>85</u>	Months <u>1</u>	Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Retired Farmer</u>				
Name of Wife or Husband <u>Mary J. Condon</u>					
Father's Name <u>Richard Williams</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Leont Know</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Mary J. Williams</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Amplity Acute Gastritis</u>	How long <u>15H</u>
Immediate <u>Heart, Dilatation</u>	How long <u>36 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>L. Woodward</u>
	Address <u>Westminster, Md.</u>
Manner of Death <u>Natural</u>	

